



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application

No. 10/091,069

LEUNG et al.

Examiner: Raj K. Jain

Filed: 3/4/2002

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) Group No. 2664

For: METHOD AND APPARATUS  
FOR PROCESSING INTERNET  
PROTOCOL TRANSMISSIONS

RESPONSE TO OFFICE ACTION

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated 1/11/2005 please amend the above-identified application as indicated below.

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CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Karyn D. Lao  
(type or print name)

Date: March 31, 2005

Signature: \_\_\_\_\_

**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 010441  
In Re Application of: LEUNG et al.  
Serial Number: 10/091,069  
Filed: 3/4/2002  
Examiner: Raj K. Jain  
Group Art Unit: 2664

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	20	20	0	x \$50 =	\$0
Independent**	5	5	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$0
EXTENSION FEES				<input type="checkbox"/> One Month	\$120
				<input type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$0
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$0

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: March 31, 2005

Signature: ACCAlex C. Chen, Reg. No. 45,591  
(858) 651-5363QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 651-4125  
Facsimile: (858) 658-2502

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Depositor's Name: Karyn D. Lao  
(type or print name)Date: March 31, 2005Signature: [Signature]

## FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Signature: \_\_\_\_\_